



West Nile Virus Found in Central Indiana



MIKE SINSKO, SENIOR ISDH ENTOMOLOGIST (above left), with student interns, pays a visit to the Indianapolis Livestock Market sampling site, one of many in Indiana which are monitored by the Indiana State Department of Health for appearance of the West Nile virus and other viruses carried by infected birds.

Photo by Jennifer Dunlap

A dead crow found in southeastern Marion County is the first positive indicator that West Nile virus has officially arrived in Indiana.

Tests completed last week by the Indiana State Department of Health Laboratories detected the presence of West Nile virus in the crow. This week the results were confirmed by the Centers for Disease Control and Prevention.

State health officials say that although this is the first time West Nile encephalitis virus, which is transmitted by mosquitoes, has been identified in the state, it is not unexpected. No human cases have been found in

Indiana.

"This is a public health success story," said Michael Sinsko, senior medical entomologist at the Indiana State Department of Health (ISDH). "We were expecting West Nile to be found in Indiana either this year or next summer, and the State Department of Health has conducted a very intensive sampling of birds and mosquitoes this year. As a result, we found the virus before it had a chance to enter the human population."

The ISDH has four full-time entomologists, including Sinsko, and six Governor's Interns collecting blood from wild birds to be tested for the virus. According to Sinsko, ISDH has collected and tested 4,106 live wild birds from 30 counties and 5,966 mosquitoes from 11 counties.

"We ask all local health departments to be alert for reports of dead Blue Jays, crows, and Raptors and to get them to our laboratory in plastic bags in coolers with cold packs or ice," said Sinsko. "These are the birds that are most likely to be found dead from infections with West Nile virus. We want only these species, and not any others."

Primarily a wild bird disease, West Nile virus has affected a small number of people, and human symptoms generally are mild. Even in areas where West Nile virus has been reported, fewer than one percent of mosquitoes are infected. And fewer

than one percent of people bitten by an infected mosquito will become severely ill.

"The West Nile virus is usually spread to people through the bite of an infected mosquito. It is not spread person-to-person," said State Health Commissioner Greg Wilson, M.D.

State health officials say that although the virus was found in Marion County, it could be present in mosquitoes in other areas. "We expect that this one dead crow is just an indication that the virus has made it this far west. Multiple introductions would be expected, and these could have occurred throughout the state," said Sinsko.

"We are continuing to watch for evidence of not only West Nile virus, but also the other mosquito-borne viruses we are concerned about in Indiana," said Sinsko. "We will see this virus again next year and most likely for the next several years until our bird population develops a high enough level of resistance to interrupt amplification."

"However, it is comforting to know that surveillance has worked and that we have spotted West Nile virus in a number of areas across the nation prior to the onset of illness in people," he added.

The West Nile virus has been found in nearly 80 bird species and eight mammal species. Prior to August 1999, West Nile virus had never been reported in the Western Hemisphere. In addition to our state, West Nile virus has recently been reported in Michigan, Ohio, Louisiana, and Ontario.

For more information, go to the Centers for Disease Control and Prevention's West Nile virus website at <http://www.cdc.gov/ncidod/dvbid/westnile/q&a.htm>.

— Jennifer Dunlap

Albright, Gettelfinger to Lead New ISDH Commissions



JONI ALBRIGHT

Photo by Daniel Axler

State Health Commissioner Gregory Wilson, M.D. announced recently that the Indiana State Department of Health has divided the Public Health Services Commission into two new commissions, the

Community Health Development Services Commission and the Children and Family Health Services Commission.

"Over the last few years, the number of programs under the Public Health Services Commission has grown significantly," said Dr. Wilson. "Over the next several years, I believe there will be more national focus on chronic disease surveillance and local community development, and this restructuring will allow us to more effectively respond to national opportunities in these areas. This change will also allow us to integrate and more effectively coordinate our services for children and families."

Joni Albright is Assistant Commissioner to the Community Health Development Services Commission. This commission includes Maternal and Child Health Services, the Local Liaison Office, and the Office of Primary Care, along with the Cultural Diversity & Enrichment and HIV/STD divisions, which are working very closely together in



WENDY GETTELFINGER

Photo by Daniel Axler

a coordinated effort to develop and strengthen community-based health programs state-wide. The Chronic/Communicable Disease division is addressing the growing need for an even stronger emphasis on areas

like diabetes, cardiovascular and physical activity, and cancer. Judy Ganser, M.D. will continue as medical director for Maternal and Child Health, and is using her extensive public health experience to help the commission advance community-based health programs.

Wendy Gettelfinger has been named the new Assistant Commissioner for the Children and Family Health Services Commission. This commission includes preventive health services and treatment/intervention programs traditionally focused on children and families. Newborn Screening, the Lead Program, Children's Special Health Care Services, WIC, Immunization, and Oral Health are all part of the commission. Charlene Graves, M.D. will continue as medical director for Immunization, Lead Prevention, School Health and Injury Control, and now also oversees Newborn Screening.

— Jennifer Dunlap

2001 State Fair Food Inspections Upgraded

Traditionally, ISDH Food Protection Program (FPP) staff keep a tight rein on the safety of food served at the Indiana State Fair through many point of contact inspections they make of food vendors. This year FPP added something new—selective "process" food inspections of those vendors with complex heating and cooling cycles of foods and/or of vendors whose food required extensive handling before sale to consumers.

As part of a new State Fair Board requirement that all food vendors be registered with ISDH, a food-processing questionnaire was distributed with registration forms. The completed questionnaires helped ISDH staff determine the level of risk posed by each food service operation, based on the menu, equipment, and processes of the vendors.

Using the questionnaires completed by vendors, ISDH staff assigned each

vendor a number based on a projected level of risk. During the Fair, FPP staff inspected the higher risk facilities more intensely than those with a lower risk level. A special hazard analysis critical control point (HACCP) inspection was performed at the high risk facilities.

Although the majority of the Fair's food stands are cook-and-serve, higher risk facilities typically are those that have a large menu, prepare their own vegetables and/or meat processing, cool down and reheat products, or handle food extensively after cooking.

Staff believe that the use of HACCP this year has helped determine

which vendors may need more careful monitoring in the future.

For the second year in a row, vendors were required to attend FPP food safety training classes, held in advance of the Fair's opening. The

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INDIANA PORK PRODUCERS Association booth at the 2001 State Fair is typical of "cook and serve" booths. Photo by Lee Bray

Asthma is Top CSHCS Disease Diagnosis

The ISDH Children's Special Health Care Services (CSHCS) devotes a large proportion of resources it earmarks for treatment to the care of children with asthma.

In September, Wendy Michalski, CSHCS, together with other ISDH employees, will draw public attention to the steps needed to reduce the misery and potential deaths caused by this children's disease.

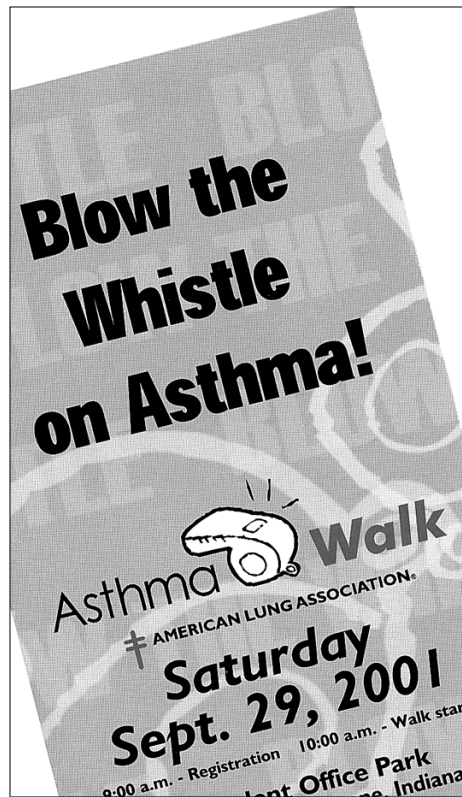
Michalski and ISDH colleagues will be using their participation in the 'Blow the Whistle on Asthma' walk to focus public attention on the disease and to raise funds for asthma research conducted under the auspices of the American Lung Association.

Wendy Gettelfinger, ISDH assistant commissioner, Children and Family Health Services says that effective asthma management is unique to every child. For example one child who suffers from asthma was able to give up multiple medications; but it required taking all the carpet out of the house—especially the bedroom—leaving hardwood floors; no curtains; no stuffed animals, which were removed to the mother's bedroom; frequent washing of the bedding; use of a HEPA-filtered vacuum cleaner; and running a portable HEPA air filter in the child's bedroom. With all of these precautions in place Gettelfinger says that this youth is currently medication free and now actively participating in sports. However, she says that other children respond better with pharmaceutical treatment.

"Since every case of asthma is unique to the individual, increased awareness and knowledge are key to the treatment of asthma," Gettelfinger said

Gettelfinger also spoke about the work of CHSCS in a recent *Express* interview. "The Children's Special Health Care Services program has been in existence since 1911, and provides primary, specialty and dental services for children with chronic medical conditions.

"The CSHCS Program covers such conditions as childhood diabetes, childhood cancers, cerebral palsy, cystic fibrosis, and asthma—the



Walk To Support the Fight Against Asthma, Saturday, Sept. 29

Wendy Michalski, ISDH Children's Special Health Care Services, invites ISDH employees to join with co-workers on the *Blow the Whistle on Asthma!* walk, Saturday, September 29, 2001. Registration is at 9:00 a.m. The walk starts at 10 a.m. Location is Precedent Office Park, 96th and Keystone, Indianapolis. To sign up or for more information call 317-233-1343, or e-mail: wmichals@isdh.state.in.us.

number one diagnosis of children receiving CSHCS funded services." Gettelfinger says that autism, the 23rd category, was added two years ago.

"Families of eligible children with a chronic disease may apply at any Family and Children Division office in Indiana or at a System Point of Entry regional office of First Steps," Gettelfinger said.

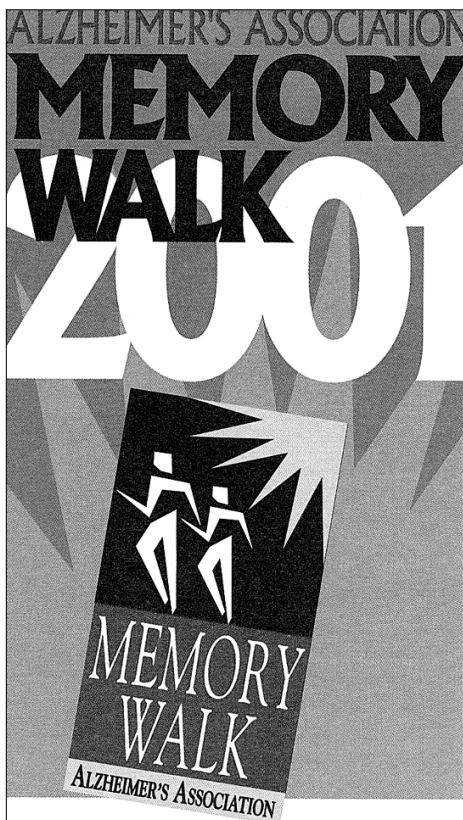
Asthma Facts

- More than 17 million Americans have asthma.
- Deaths from asthma doubled from 1980 to 1995 and have risen sharply since then, to nearly 5,800 annually in the United States.
- Asthma is the leading serious chronic illness of children in the United States.
- Asthma is the #1 cause of school absences and pediatric emergency room visits.
- Asthma costs \$11.3 billion annually in medical treatment.
- African Americans have 3 times the prevalence of asthma over other races.
- Children of smokers are twice as likely to develop asthma.
- The rate of Hoosier children with asthma more than doubled from 1990 to 2000—from 83,864 to 181,304.
- 20 percent of Indiana families include at least one child with asthma.
- Many asthma deaths are preventable through asthma management education such as that provided by the American Lung Association.
- Asthma Clinical Research Centers, supported by the American Lung Association, focus on ways to help asthma sufferers while searching for a cure.

"Once an enrollment application for special services is taken, it is sent to the Indiana State Department of Health's CSHCS eligibility unit where medical eligibility is determined by a Registered Nurse. Services may begin after a child is determined to be medically and financially eligible (up to 250% of the federally determined poverty level) and under the age of 21. In 2001, a family of four could have gross household income of \$44,125 and still be eligible for services.

Insurance is billed first, followed by Medicaid, then CSHCS. CSHCS is considered the payer of last resort and pays at Indiana Medicaid rates.

—David Pilbrow



Join the ISDH Team on Alzheimer's Memory Walk, Sunday, Sept. 16

Mark Laker, ISDH Local Liaison Office, invites you to join the ISDH team for the Alzheimer's Memory Walk on Sunday, September 16 as a means:

- to mobilize efforts in the fight against Alzheimer's
- to show your support for Alzheimer's families in your community whose lives are profoundly affected by this mind-robbing disease
- to harness resources to help spare future generations from the devastation of Alzheimer's

What: 1 mile or 3 mile Walk-a-thon

Where: Butler Field House

When: Sunday, Sept. 16

Time: Registration – Noon Walk – 1:00 p.m.

Call, or e-mail Mark Laker to join the team or make a contribution.

317-233-7830, or
mlaker@ishd.state.in.us



ISDH FOOD PROTECTION PROGRAM STAFF gather to strategize in their Indiana State Fair operations office during the 2001 Indiana State Fair. They are (left to right) Brad Beard, Pat Fowler, Dan Miller, Travis Goodman, Ed Norris, and Michelle Glunt. Photo is by FPP staff member Lee Bray.

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State Fair Board requires the training.

State Fair officials were completely cooperative, as usual. The best news, is that, overall, vendor compliance was very good, according to Lee Bray,

ISDH Food Protection Program. The ISDH FPP staff were satisfied that food vendors were especially conscientious about applying the food code this year.

— Tara Renner



ONE AMONG MANY of a line of food vendors (above right) readies for hungry appetites. **FOOD TONGS** (above left) are a must for handling hot food to reduce the transfer of bacteria from hands of Fair food vendors. **CATCHING GYROS** in a clean fry pan, rather than hands, at a Greek food establishment (immediately above), also keeps bacterial transfer to a minimum. Photos by Lee Bray



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IPHA Lauds Healthy Communities Initiative in Bartholomew County

The Healthy Communities Initiative in Bartholomew County has received the Indiana Public Health Association's 2001 Indiana Healthy Cities and Communities Award.

Jerry King, IPHA executive director, said, "From the start of initiative planning citizens have been involved, which began with a series of public town hall meetings attended by 200 in 1993. They were attracted to dream and plan what a healthy community would look like."

Kathy Weaver, ISDH Office of Policy, commends IPHA in promoting local initiatives throughout Indiana to encourage communities to work to meet Healthy People 2010 objectives. She said, "Bartholomew County is truly living out the Healthy People 2010 vision: 'Healthy People in Healthy Communities.' Through their Healthy Communities Initiative, citizen partnerships are implementing a carefully orchestrated agenda to meet national health objectives by 2010."

IPHA receives funding from the Indiana State Department of Health to help advance Healthy People 2010 initiatives across Indiana.

Bartholomew County's initiative strongly encourages residents to take responsibility for their own health and provides assistance to that end for those with limited financial means. The vision statement reads: "Bartholomew County is to become a healthy community where each member is valued and shares in the responsibilities of making a difference."

The IPHA award nominating statement says, "The Healthy Communities Initiative is guided by a leadership group called the Healthy Communities Council, made up of the leadership of the key sectors of the county."

"The Council charters Action Teams, each of which is led by a volunteer chair person. Each team has a clearly defined mission, is required to develop a two-year work plan, and is eligible to apply



A SERIES OF TOWN HALL MEETINGS, similar to the one pictured above, attended by a total of 200, helped kick off Bartholomew County's citizen participation in its Healthy Communities Initiative, which was recently recognized with an IPHA 2001 award.

to the Columbus Regional Hospital Foundation for a yearly budget to support the work plan. To date, eleven Action Teams have been launched, as well as a Volunteers in Medicine (VIM) clinic that provides primary care and some specialty care for uninsured county residents."

Accomplishments reported for the action teams include the following:

■ **Breast Health** exceeded the Healthy People 2000 goals for mammography, self-breast exam rates and clinical exams rates for women 50 and over. In addition, a mammography assistance fund was established that provides women with \$5 mammograms if they have no insurance or means to pay.

■ **Tobacco Awareness** has lowered the rate of teen smoking by 14 per cent since 1995. They've also increased the number of smokers participating in smoking cessation classes by over 2000 percent and have a 6-month success rate of 49 percent for those who complete the cessation classes.

■ **Parish Nursing** has established health ministry teams in three local congregations, sent five nurses to approved

parish nursing programs, provided a paid parish nurse for one congregation, as well as community education on the importance of a faith-health link.

■ **Medication Assistance** has provided over \$46,000 in free medication to patients without the ability to pay for their prescriptions and is working to centralize emergency prescription assistance so that

patients aren't given the run-around by the various agencies currently providing this assistance. All players in the community are willing to work together to pool the funds each currently uses for emergency drug assistance in order to improve access and service.

■ **Proyecto Salud: Project for the Health of Spanish-Speaking Persons** provides a Spanish clinic at Volunteers in Medicine one night a week, provides volunteer health advocates for those with insurance or who otherwise don't qualify for clinic services to help immigrants learn how to use our health system, and coordinates other local health screenings and education for Spanish speaking people.

■ **Caring Parents** provides home visits to new Medicaid mothers at one, three, six, nine and twelve months after birth. The volunteer brings an age-appropriate gift to the parent and reviews a physician-approved curriculum to help parents gain confidence and skills in caring for their babies

■ **Self-Care** team members raised

Hoosier Uplands to Open Clinics in Owen, Daviess Counties

Sometime this fall, Hoosier Uplands is planning to open clinics number four and five. They'll be located in southern Indiana's Owen and Daviess counties.

David Miller, CEO at the not-for-profit Hoosier Uplands, says that negotiations with potential sub-contractors appear to be nearing completion. Sub-contractors will provide the personnel to operate the clinics.

Several features of the communities where the new clinics will be located in Owen and Daviess counties are different from the other Hoosier Uplands' health care facilities.

Daviess County has a hospital and Owen County is served by two private M.D.s. However, both clinics, like the others in Orange, Martin, and Crawford counties, will serve medically underserved and health professional shortage areas. This means that even with existing medical service providers there are still many people without health care insurance who are not receiving services. The new clinics will help remedy that situation according to Steve Adams, Hoosier Uplands' director of strategic development and consulting services.

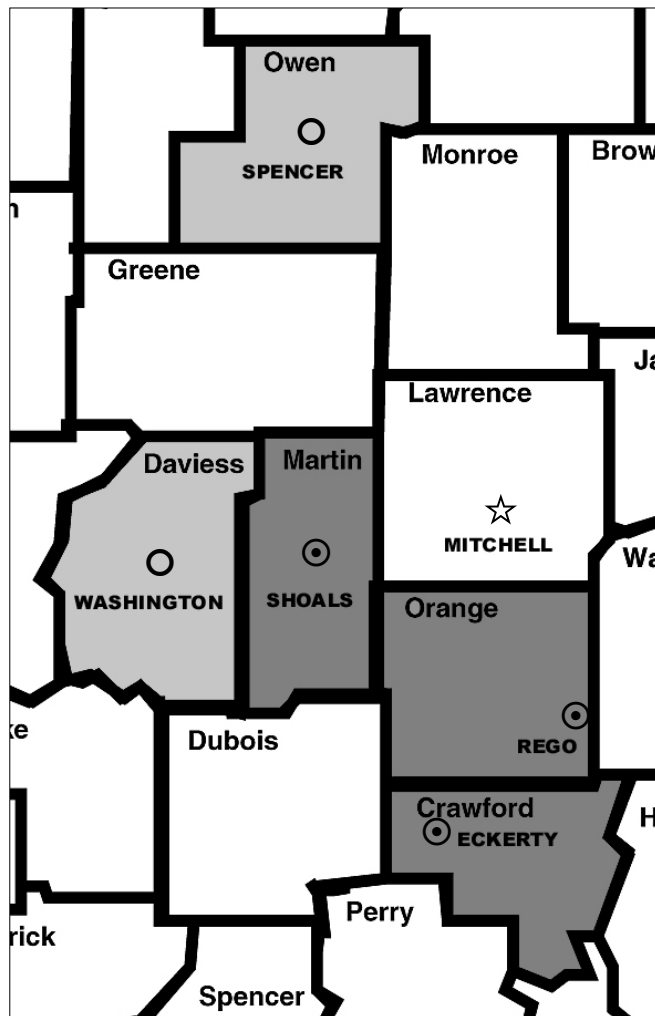
Federal grant funds already awarded to Hoosier Uplands, through the Indiana State Department of Health, are making the new clinics possible. The funds will become available October 1, 2001.

Hoosier Uplands currently operates

clinics in Eckerty, Rego, and Shoals.

Success seems to breed success. A few years ago, Hoosier Uplands didn't operate any clinics. The organization started its first in 1996 with the opening of Patoka Family Health Care in Eckerty, a cross-roads village in rural Crawford County. In March of this year, Hoosier Uplands was granted \$380,000 in tobacco settlement funds through the Indiana State Department of Health to build a new clinic, replacing the Eckerty clinic's cramped quarters, which are currently located in a tiny three room concrete-block converted laundromat.

According to Miller, the new building will make it possible to meet the increasing demand for services of the Crawford County clinic. He says annual patient contacts



HEADQUARTERED IN LAWRENCE COUNTY at Mitchell, Hoosier Uplands exercises administrative oversight for clinics in Martin, Orange, and Crawford counties (dark gray) and this fall is planning to open new clinics (light gray) at Spencer in Owen County and at Washington in Daviess County.

there in the past 12 months approach 3,000 visits.

— David Pilbrow

HEALTHY — from reverse side

enough funds to purchase a 370-page health care manual for every household in Bartholomew County. An English version, Spanish version and senior version are all available, along with training in the appropriate use of self care and how to partner more effectively with one's physician. One month into this project, nearly 1/3 of county residents have received their manuals; the goal is to cover at least 85 percent of the county by year's end.

■ **Volunteers in Medicine** has established more than 4,600 patient charts since opening in September 1996. More

than 7,300 visits to the clinic were recorded in 2000, along with 800 visits to specialty practices. While the clinic was originally envisioned to provide access to primary care for the uninsured, the generosity of our health professional volunteers has allowed the clinic to offer many specialty services as well. Local physician and dentist volunteers donate countless hours to provide high quality health services with dignity and respect to their uninsured neighbors.



A tip of the hat to Jerry King, IPHA executive director, who forwarded most of the narrative in the story above.



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